



Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/16/2014

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to file a complaint on my behalf with the Office of Civil Rights and Civil Liberties (CRCL) and the Office of the Inspector General (OIG). I understand that I may be contacted at the later date by either of these agencies to confirm the allegations set forth in my complaint. I understand that my filing this complaint will not negatively affect my immigration case, nor will it confer any legal immigration status on me or my dependents.

I understand that Esperanza may use my personal story in future advocacy surrounding this complaint, but that Esperanza will never use my name or any information that could be used to identify me publicly.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)
Signature

5/16/2014
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

First

Last

Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

CBP agents detained (b)(6) a fifteen year old boy, in wet clothes for an entire day. For half that day, the officials on duty refused to give him anything to eat. Much later, CBP provided him with cold soup and juice. (b)(6) cut open his foot jumping a fence crossing the border. Officials refused to give (b)(6) medical treatment or anything to help with the pain. Official's held (b)(6) held in a very cold cell. They did not provide (b)(6) with a blanket. (b)(6) had access to a toilet, but no shower. Furthermore, (b)(6) received no items for personal hygiene.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 4/24/14

Name
DOB:

(b)(6)

A#:

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

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(b)(6)

Date

4/24/14

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

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Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

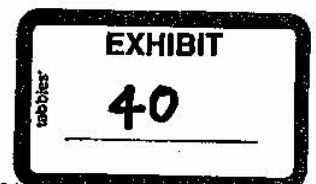
3. What happened?

(b)(6)

(b)(6) a fourteen year old girl, was detained in more than one CBP holding facility. She was given only juice to drink and the cold food made her feel ill. The holding cell was very cold and the lights were kept on all night, so she could not sleep. She was detained with a five-year-old boy with a fever. When she asked a female immigration official if they had medicine for the child, the official told her it was not a hospital and declined to treat the boy.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
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WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 05/15/2014

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

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S: (b)(6)

Date: 05/15/2014



Department of Homeland Security (DHS)
Office for Civil Rights and Civil Liberties

Civil Rights Complaint

Fillable Version (last modified 3/15/2011)

The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This form is not intended to be used for complaints about employment with DHS. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in the form.

CRCL Mission:

The DHS Office for Civil Rights and Civil Liberties (CRCL) supports the Department as it secures the nation while preserving individual liberty, fairness, and equality under the law. We investigate claims of civil rights and civil liberties abuses, to help DHS improve protections and programs.

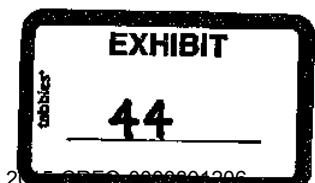
Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.

In connection with a DHS program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin (including language proficiency), religion, gender, or disability? (Note: do not use this form to make a complaint about employment discrimination; see www.dhs.gov/eeo.)
- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity?

Notes on Confidentiality and Anonymity:

- A) You may remain anonymous by not filling in your name, below. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
- B) Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct). Note, however, that this will in many situations make it very difficult or impossible, practically speaking, for us to investigate the allegations you raise.
☐ I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.
- C) Reprisal against complainants to CRCL is unlawful; if you feel you have been a victim of reprisal, CALL US. 1-866-644-8360.



Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① **Information about the person who experienced the civil rights/civil liberties violation**

(fill in what you can)

Name: (b)(6) (b)(6) (b)(6)
First and Middle Last

Phone #: Cell: see attorney info below Home: Work:

Please note that we may contact you at the provided numbers.

Mailing Address: c/o National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

Date of Birth: (b)(6) Email (optional): see attorney info below

Alien Registration #. (if you have one and it's available):

- ☐ Check here if you are in detention now.

Which facility? c/o ORR Custody, 4822 N Broadway, Chicago, IL 60640
Facility name Facility address

- ☒ Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information (b)(6) see above

② **Are you filling in this complaint form on behalf of another individual?** If yes, please provide your information.

Name: (b)(6) Associate Director of Litigation
First Last Job title

Organization (if any): National Immigrant Justice Center

Phone #: Cell: Home: Work: (312) 660-1308

Mailing Address: National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

③ **What happened?** Describe your complaint. Give as much detail about your experience as possible.
See attached.

Continue on an additional page, if needed.

When did this happen? If ongoing, please indicate when the problem began.

(If it happened on more than one date, list all dates):

See attached.

Where did this happen?

Place *(for example, name the detention facility, airport, other)*: _____

City: near Hidalgo State or Country: Texas

④ Who treated you unfairly?

An employee, contractor, or officer of *(check as many as apply)*:

- | | |
|--|---|
| <input type="checkbox"/> Citizenship and Immigration Services (USCIS) | <input type="checkbox"/> Not sure which DHS office |
| <input checked="" type="checkbox"/> Customs and Border Protection (CBP)* | <input type="checkbox"/> Non-DHS employee working under the authority |
| <input type="checkbox"/> Customs Officer | of DHS (e.g., 287g officer) |
| <input type="checkbox"/> Border Patrol Agent | specify: _____ |
| <input type="checkbox"/> Federal Emergency Management Agency (FEMA) | |
| <input type="checkbox"/> Immigration and Customs Enforcement (ICE) | |
| <input type="checkbox"/> Secret Service (USSS) | |
| <input type="checkbox"/> Transportation Security Administration (TSA)* | |
| <input type="checkbox"/> U.S. Coast Guard (USCG) | |
| <input type="checkbox"/> Other DHS program <i>(specify)</i> : | |

*If your complaint is about an incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (TRIP). TRIP and this Office will review your complaint together, resulting in a faster response. Go to: www.dhs.gov/trip.

⑤ List anyone else who may have seen or heard what happened.

(If you do not know their names, provide whatever details you can)

Names (or other information, e.g., agency): other unidentified witnesses

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Names (or other information, e.g., agency): _____

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Continue on an additional page, if needed.

- ⑥ Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?

☐ Yes: Agency/Office/Court _____ Date: _____

☒ No

If so, has anyone responded to your complaint?

☐ Yes ☐ No

If Yes, describe what has been done to respond to your complaint:

N/A

Continue on an additional page, if needed.

- ⑦ Is there any other information you want us to know about or consider?

Continue on an additional page, if needed.

- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.

Spanish

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

E-mail: crcl@dhs.gov

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

Note: Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

- ⑩ To submit this form by email, please save, attach, and send to crcl@dhs.gov. Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to crcl@dhs.gov, or mail to the address listed above.)

Keep a copy of this complaint for your records.

Privacy Act Statement

Under 5 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, the Office for Civil Rights and Civil Liberties (CRCL) is authorized to investigate complaints and information from the public about possible violations of civil rights or civil liberties related to DHS employees, programs, or activities. A federal law, called the Privacy Act, says we must explain how we protect your information while processing your complaint.

If your complaint is more appropriately handled by a different federal office, we will refer it to that office. In order to investigate your complaint, CRCL will disclose the information regarding your complaint to other appropriate DHS offices, including the Office of the Inspector General. CRCL may also disclose certain information from your complaint if we are required by law to do so or if there is no privacy impact. For example, we send reports to Congress every three months about complaints submitted by the public. Those reports describe the **types** of complaints, and **do not include personal information**. To read our past reports, go to www.dhs.gov/crcl.

To learn more about the Privacy Act go to the Federal Information Center, www.pueblo.gsa.gov.

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

COMPLAINT AFFIDAVIT

My full and complete name is: (b)(6)

My assigned Alien number is (b)(6)

I was detained by Border Patrol Agents at or near: Hidalgo, Texas

I was detained by Border Patrol Agents on or about: May 7, 2014

My age at the time I was detained: 13 FINS #: _____

Event #: (b)(6)

Border Patrol Agent: Unknown Supervisor: Unknown

Location of Border Patrol Agent: Near Hidalgo, Texas

I, (b)(6) declare and affirm that the following took place:

I was detained at the border around May 7, 2014..

I came to the United States with my younger sister so that we could have a better life. When we crossed the border, our guide told us to turn ourselves into immigration and they would take us to a children's center and then we would be turned over to our parents. Instead we were taken to a holding facility, and I was separated from my sister.

When he got there, the officer let us call my mom and we got to speak to her just for a little bit. When my mom asked to speak to officer again to ask further questions, the officer told me that he was not going to answer any more questions and hung up on mom. Me and my and sister were sad and scared.

The officer let us out at one point to get food from a vending machine. Another boy bought me a soda and I tried to ask an officer if I could bring some to my sister. He ignored me but when I asked again he became very angry and took out a short metal stick to hit me. I backed away but the officer told us that we had better not tell anyone what he did or we would all be in trouble. The officers also told us that they decide whether we can stay in the country or if we have to leave.

I was at the holding facility for four days and I was so scared of the officers. We were freezing cold and I was hungry some times. We ate 1 burrito three times a day and I remember being woken up to eat at 1 a.m. There was not enough room in the cells for all of us to sleep so we slept curled up in balls or on benches but some of us couldn't fit to sleep. When any of us cried, the officers would yell at us to stop and say that there was no mother to comfort us. They said that is what we got for coming to the United States. There were also maybe 15 adult men with us in the cell. Some of them would cry too.

At first, I had much faith that me and my sister would soon be called to go home with our parents. But on the third day, I began to lose faith. Then on the 4th day, that night, they called me and my sister. We were told that we were going to a "casa hogar" (shelter) and that it was a very

nice place. I was very happy during the ride in the van. My little sister was crying from happiness.

When we got to the shelter, it turned out to be another jail. There were no beds and lots of people were lying crowded on the floor. I was separated from my sister again and put in a cell with about six other children and about five adults.

When I was put in the cell in the second jail, the other men told me to watch out for two men who were there because these two men liked "chubby" boys. During that day, these two men would tell me they were going to eat me up when I fell asleep. I overheard these two men say at that they were 18, but to me they looked older, maybe about 23 years old or so. The two men's faces and hands looked like those of grown men not boys and that's why I think they were older than 18.

The first night at this second jail, I saw two men doing something with each other under a cover – one was one of the two men who had been bothering me and the other was another one of the men also held there. Then the two men began tugging at me and touching my private parts when I had fallen asleep. I moved away and they told me not to, but I did anyway. Then they started throwing things at me, like empty juice containers. Everyone laughed and I felt like nobody cared about what was happening. I tried to tell the officers by knocking repeatedly on the glass window but they would just motion for me to move away from the window. When one officer opened the door to give us food, I tried to tell him but he would not let me speak. I also tried to tell the men that I wasn't like that, but they said they were just playing with me. I told them it wasn't a game to me. The next night, the men touched me again. I was so scared and I just wanted to be with my mother.

After that, I became worried about my sister, trying to look out for her, to see her, because I was worried the same things might happen to her, but then I felt better because I saw that she was with women only.

When I remember what happened I feel very afraid that something like that will happen to me again.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. **I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to the National Immigration Justice Center (NIJC).**

(b)(6)

Signature

Date

I, (b)(6), hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

(b)(6)

6/3/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

First

Last

Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) was handcuffed when apprehended by CBP. The officials took off (b)(6) shoes and told him to walk without them. CBP officials pushed, screamed at, harassed, and threatened the minor. A CBP officer told him, "You are in my country now, and we are going to bury you in a hole." They also asked him if he had killed someone and if that was why he had come to the United States. He was transferred between more than one freezing detention facility. CBP officials never gave him water, only juice, and the food they gave him made him sick. Each CBP holding cell was cold and loud. The lights were not turned off at night and Eristeo could not sleep.

4. Who treated you unfairly? Customs and Border Protection

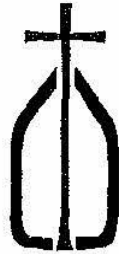
5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No

EXHIBIT

47

Ⓟ Personal interview on page 4/9/14

(b)(6)



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(b)(6)
Signature

4/9/14
Date

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Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

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First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) received neither food nor water while in CBP detention for three days. Agents placed him in shackles. CBP denied him the use of the telephone to call his family or consulate. (b)(6) did not have access to a bathroom for the three days he was in detention.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





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Signature

5/13/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

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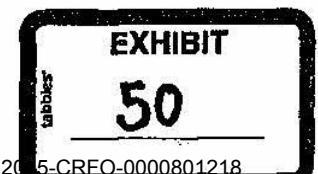
3. What happened?

(b)(6)

(b)(6) is an orphan (b)(6) grandmother, aunts and all other remaining family members are U.S. citizens. (b)(6) fled her home country to the safety of her family after being threatened by gangs, who tried to force her into a sexual relationship with one of their members. She arrived at the US border shortly before her 18th birthday. Like others in detention, (b)(6) received no clean water and slept on the floor of a cold cell with no blankets; she was unable to sleep because officials made noise all night and kept the lights on. Because she is an orphan, (b)(6) would have been a candidate for Special Immigrant Juvenile Status (SIJS), a form of relief created under the TVPRA. This deportation defense is often lost if the relief is unsolicited prior to the 18th birthday. Because CBP officials confiscated her identity documents and did not return them, (b)(6) was unable to file an application for SIJS before her 18th birthday.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 9/3/14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

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(b)(6)
Signature

9/3/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

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(b)(6)

Program Director

First

Last

Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

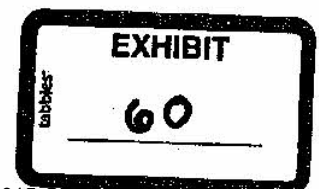
3. What happened?

(b)(6)

(b)(6) who was 17 when she was apprehended by CBP, was moved between four "hieleras" over two days. CBP officers screamed at her and handled her roughly. She was not provided with food or juice until a day after her apprehension, and was never given water. The sandwich provided made her sick; she asked for medication but never received any. She was forced to use the toilet in front of everyone. The holding cells were all very cold and she wasn't given a blanket. She couldn't sleep because the lights were kept on and the officials woke the minors by banging the door and yelling when they fell asleep. (b)(6) gold chain and clothes confiscated and never returned to her.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/9/14

Name:
DOB:

(b)(6)

A#:

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to file a complaint on my behalf with the Office of Civil Rights and Civil Liberties (CRCL) and the Office of the Inspector General (OIG). I understand that I may be contacted at the later date by either of these agencies to confirm the allegations set forth in my complaint. I understand that my filing this complaint will not negatively affect my immigration case, nor will it confer any legal immigration status on me or my dependents.

I understand that Esperanza may use my personal story in future advocacy surrounding this complaint, but that Esperanza will never use my name or any information that could be used to identify me publicly.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

5/9/14
Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project
Phone #: Work: (213) 251-3535
Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

3. What happened?

(b)(6)

(b)(6) was in CBP custody for ten and a half days. He had to sleep in a cold, crowded room with approximately fifty other people, all of whom were sleeping on the floor. (b)(6) states people would fight and mistreat each other but nothing was done to intervene and ensure the safety of detainees. There was not enough food and the food and water that was provided to (b)(6) made him ill. (b)(6) says he hated being there but that he didn't know what to do or expect because he knows this is not his country. He couldn't sleep at night because of the noise and lights. Although officials never used force or yelled at (b)(6) he frequently saw others suffer such treatment.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/19/14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICF/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)
Signature

5/19/14
Date



Department of Homeland Security (DHS)
Office for Civil Rights and Civil Liberties

Civil Rights Complaint

Fillable Version (last modified 3/15/2011)

The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This form is not intended to be used for complaints about employment with DHS. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in the form.

CRCL Mission:

The DHS Office for Civil Rights and Civil Liberties (CRCL) supports the Department as it secures the nation while preserving individual liberty, fairness, and equality under the law. We investigate claims of civil rights and civil liberties abuses, to help DHS improve protections and programs.

Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.

In connection with a DHS program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin (including language proficiency), religion, gender, or disability? (Note: do not use this form to make a complaint about employment discrimination; see www.dhs.gov/eo.)
- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity?

Notes on Confidentiality and Anonymity:

- A) You may remain anonymous by not filling in your name, below. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
- B) Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct). Note, however, that this will in many situations make it very difficult or impossible, practically speaking, for us to investigate the allegations you raise.
- ☐ I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.
- C) Reprisal against complainants to CRCL is unlawful; if you feel you have been a victim of reprisal, CALL US. 1-866-644-8360.



Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① **Information about the person who experienced the civil rights/civil liberties violation**

(fill in what you can)

Name: (b)(6) (b)(6) (b)(6)
First and Middle Last

Phone #: Cell: see attorney info below Home: Work:

Please note that we may contact you at the provided numbers.

Mailing Address: c/o National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

Date of Birth: Email (optional): see attorney info below

Alien Registration #: (if you have one and it's available): (b)(6)

☐ Check here if you are in detention now.

Which facility? Facility name Facility address

☒ Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information (b)(6) see above

② **Are you filling in this complaint form on behalf of another individual? If yes, please provide your information.**

Name: (b)(6) Associate Director of Litigation
First Last Job title

Organization (if any): National Immigrant Justice Center

Phone #: Cell: Home: Work: (312) 660-1308

Mailing Address: National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

③ **What happened?** Describe your complaint. Give as much detail about your experience as possible.
See attached.

Continue on an additional page, if needed.

When did this happen? If ongoing, please indicate when the problem began.

(If it happened on more than one date, list all dates):

See attached.

Where did this happen?

Place (for example, name the detention facility, airport, other): _____

City: near Falfurrias State or Country: Texas

④ Who treated you unfairly?

An employee, contractor, or officer of (check as many as apply):

- | | |
|--|---|
| <input type="checkbox"/> Citizenship and Immigration Services (USCIS) | <input type="checkbox"/> Not sure which DHS office |
| <input checked="" type="checkbox"/> Customs and Border Protection (CBP)* | <input type="checkbox"/> Non-DHS employee working under the authority of DHS (e.g., 287g officer) |
| <input type="checkbox"/> Customs Officer | specify: _____ |
| <input checked="" type="checkbox"/> Border Patrol Agent | |
| <input type="checkbox"/> Federal Emergency Management Agency (FEMA) | |
| <input type="checkbox"/> Immigration and Customs Enforcement (ICE) | |
| <input type="checkbox"/> Secret Service (USSS) | |
| <input type="checkbox"/> Transportation Security Administration (TSA)* | |
| <input type="checkbox"/> U.S. Coast Guard (USCG) | |
| <input type="checkbox"/> Other DHS program (specify) : | |

*If your complaint is about an incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (TRIP). TRIP and this Office will review your complaint together, resulting in a faster response. Go to: www.dhs.gov/trip.

⑤ List anyone else who may have seen or heard what happened.

(If you do not know their names, provide whatever details you can)

Names (or other information, e.g., agency): Officer, nicknamed (b)(6),(b)(7)(C)

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Names (or other information, e.g., agency): other unidentified witnesses

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Continue on an additional page, if needed.

- ⑥ Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?

☐ Yes: Agency/Office/Court _____ Date: _____
☒ No

If so, has anyone responded to your complaint?

☐ Yes ☐ No

If Yes, describe what has been done to respond to your complaint:

N/A

Continue on an additional page, if needed.

- ⑦ Is there any other information you want us to know about or consider?

Continue on an additional page, if needed.

- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.

Spanish

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

E-mail: crcl@dhs.gov

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

Note: Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

- ⑩ To submit this form by email, please save, attach, and send to crcl@dhs.gov. Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to crcl@dhs.gov, or mail to the address listed above.)

Keep a copy of this complaint for your records.

Privacy Act Statement

Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, the Office for Civil Rights and Civil Liberties (CRCL) is authorized to investigate complaints and information from the public about possible violations of civil rights or civil liberties related to DHS employees, programs, or activities. A federal law, called the Privacy Act, says we must explain how we protect your information while processing your complaint.

If your complaint is more appropriately handled by a different federal office, we will refer it to that office. In order to investigate your complaint, CRCL will disclose the information regarding your complaint to other appropriate DHS offices, including the Office of the Inspector General. CRCL may also disclose certain information from your complaint if we are required by law to do so or if there is no privacy impact. For example, we send reports to Congress every three months about complaints submitted by the public. Those reports describe the **types** of complaints, and **do not include personal information**. To read our past reports, go to www.dhs.gov/crcl.

To learn more about the Privacy Act go to the Federal Information Center, www.pueblo.gsa.gov.

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

COMPLAINT AFFIDAVIT

My full and complete name is: (b)(6)

My assigned Alien number is: (b)(6)

I was detained by Border Patrol Agents at or near: Near Falfurrias, TXI was detained by Border Patrol Agents on or about: September 22, 2013My age at the time I was detained: 17 FINS #: (b)(6)

Event #: (b)(6)

Border Patrol Agent: (b)(6), (b)(7)(C)

Supervisor: _____

Location of Border Patrol Agent: _____

I, (b)(6) declare and affirm that the following took place:

I left Guatemala at the age of 17 to escape the rapist that has impregnated me. This man, who I did not know, raped me and cut me with a large knife. He also threatened me saying that if I told anyone or the police what happened he would kill her. My family has found written threats to not contact the policy, along with gasoline and fire-starters at my house. I am very afraid of this man and his threats and had to leave Guatemala.

Before being detained by Border Patrol near Falfurrias, Texas, I was kidnapped by two individuals in Sullivan, Texas. For three days, until my uncle paid the kidnappers \$800. I was forced to clean their home and take care of another kidnapped child.

In the past, my family has also been threatened by the Mara 18 gang. They would threaten my dad and uncle on daily basis for money.

After I was caught by the immigration officers on a bus heading near Falfurrias on route to San Antonio, I was taken to the hielera. At this center there was an officer I only knew by the nickname (b)(6), (b)(7)(C). The day we arrived he said, "Welcome to hell". This scared me and I'll never forget the way he said it. He was very rude to me and would insult me by calling my "princess". I would complain about him to the other officers, and they would tell him what I had said previously and he would then treat me even worse. When I slept on the

floor he would also shake me awake with his foot. When we finally were leaving he told me, "We're going to put you on a plane, and I hope it explodes. That would be the happiest day of my life". He also mentioned that he knew to which facility had been assigned to and that I would "pay there". I was afraid of him and feared something would happen during my flight to the detention center.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this

National Immigration Justice Center (NIJC).

(b)(6)

6/6/14

Date

I (b)(6) hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

(b)(6)

05/23/14

Date



Department of Homeland Security (DHS)
Office for Civil Rights and Civil Liberties

Civil Rights Complaint

Fillable Version (last modified 3/15/2011)

The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This form is not intended to be used for complaints about employment with DHS. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in the form.

CRCL Mission:

The DHS Office for Civil Rights and Civil Liberties (CRCL) supports the Department as it secures the nation while preserving individual liberty, fairness, and equality under the law. We investigate claims of civil rights and civil liberties abuses, to help DHS improve protections and programs.

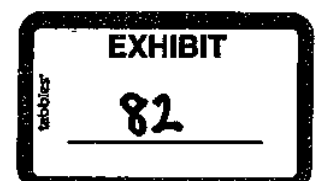
Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.

In connection with a DHS program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin (including language proficiency), religion, gender, or disability? (Note: do not use this form to make a complaint about employment discrimination; see www.dhs.gov/eeo.)
- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity?

Notes on Confidentiality and Anonymity:

- A) You may remain anonymous by not filling in your name, below. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
- B) Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct). Note, however, that this will in many situations make it very difficult or impossible, practically speaking, for us to investigate the allegations you raise.
- ☐ I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.
- C) Retaliation against complainants to CRCL is unlawful; if you feel you have been a victim of reprisal, CALL US. 1-866-644-8360.



Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① Information about the person who experienced the civil rights/civil liberties violation

(fill in what you can)

Name: (b)(6)

First and Middle

Last

Phone #: Cell: see attorney info below Home: Work:

Please note that we may contact you at the provided numbers.

Mailing Address: c/o National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604

PO Box or Street address

City

State

Zip

Date of Birth: (b)(6) Email (optional): see attorney info below

Alien Registration #: (if you have one and it's available): (b)(6)

- ☐ Check here if you are in detention now.

Which facility? c/o ORR Custody, 4822 N Broadway, Chicago, IL 60640

Facility name

Facility address

- ☒ Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information (b)(6) see above)

② Are you filling in this complaint form on behalf of another individual? If yes, please provide your information.

Name: (b)(6) Associate Director of Litigation

First

Last

Job title

Organization (if any): National Immigrant Justice Center

Phone #: Cell: Home: Work: (312) 660-1308

Mailing Address: National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604

PO Box or Street address

City

State

Zip

- ③ What happened? Describe your complaint. Give as much detail about your experience as possible.
See attached.

Continue on an additional page, if needed.

When did this happen? If ongoing, please indicate when the problem began.

(If it happened on more than one date, list all dates):

See attached.

Where did this happen?

Place (for example, name the detention facility, airport, other): _____

City: near Rio Grande City State or Country: Texas

④ Who treated you unfairly?

An employee, contractor, or officer of (check as many as apply):

- | | |
|--|---|
| <input type="checkbox"/> Citizenship and Immigration Services (USCIS) | <input type="checkbox"/> Not sure which DHS office |
| <input checked="" type="checkbox"/> Customs and Border Protection (CBP)* | <input type="checkbox"/> Non-DHS employee working under the authority |
| <input type="checkbox"/> Customs Officer | of DHS (e.g., 287g officer) |
| <input type="checkbox"/> Border Patrol Agent | specify: _____ |
| <input type="checkbox"/> Federal Emergency Management Agency (FEMA) | |
| <input type="checkbox"/> Immigration and Customs Enforcement (ICE) | |
| <input type="checkbox"/> Secret Service (USSS) | |
| <input type="checkbox"/> Transportation Security Administration (TSA)* | |
| <input type="checkbox"/> U.S. Coast Guard (USCG) | |
| <input type="checkbox"/> Other DHS program (specify) : | |

*If your complaint is about an incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (TRIP). TRIP and this Office will review your complaint together, resulting in a faster response. Go to: www.dhs.gov/trip.

⑤ List anyone else who may have seen or heard what happened.

(If you do not know their names, provide whatever details you can)

Names (or other information, e.g., agency): other unidentified witnesses

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Names (or other information, e.g., agency): _____

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Continue on an additional page, if needed.

- ⑥ Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?

☐ Yes: Agency/Office/Court _____ Date: _____

☒ No

If so, has anyone responded to your complaint?

☐ Yes ☐ No

If Yes, describe what has been done to respond to your complaint:

N/A

Continue on an additional page, if needed.

- ⑦ Is there any other information you want us to know about or consider?

Continue on an additional page, if needed.

- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.

Spanish

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

E-mail: crcl@dhs.gov

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

Note: Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

- ⑩ To submit this form by email, please save, attach, and send to crcl@dhs.gov. Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to crcl@dhs.gov, or mail to the address listed above.)

Keep a copy of this complaint for your records.

Privacy Act Statement

Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, the Office for Civil Rights and Civil Liberties (CRCL) is authorized to investigate complaints and information from the public about possible violations of civil rights or civil liberties related to DHS employees, programs, or activities. A federal law, called the Privacy Act, says we must explain how we protect your information while processing your complaint.

If your complaint is more appropriately handled by a different federal office, we will refer it to that office. In order to investigate your complaint, CRCL will disclose the information regarding your complaint to other appropriate DHS offices, including the Office of the Inspector General. CRCL may also disclose certain information from your complaint if we are required by law to do so or if there is no privacy impact. For example, we send reports to Congress every three months about complaints submitted by the public. Those reports describe the **types** of complaints, and **do not include personal information**. To read our past reports, go to www.dhs.gov/crcl.

To learn more about the Privacy Act go to the Federal Information Center, www.pueblo.gsa.gov.

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

COMPLAINT AFFIDAVIT

My full and complete name is:

(b)(6)

My assigned Alien number is:

I was detained by Border Patrol Agents at or near: Rio Grande City, TX

I was detained by Border Patrol Agents on or about:

My age at the time I was detained: 17

FINS #:

(b)(6)

Event #:

(b)(6)

Border Patrol Agent:

Supervisor:

Location of Border Patrol Agent:

I,

(b)(6)

declare and affirm that the following took place:

I crossed into the United States by the river. I was lying on the ground and immigration grabbed me by the shirt and told me that if I attempted to run away the dogs would bite me. They put me in a car with about eight other people. They brought us to a place where they took away our belongings. I had three t-shirts with me and they threw one away. I went to one "hielera" (holding center) for about two hours and was brought to another for four days. They shackled me by my hands, waist and feet when I was in the last hielera for about an hour. They took them off once I was on the plane. It was very painful to wear the shackles. I was also sick and needed to blow my nose but was unable to. I did not tell immigration that it was painful because they didn't care for us and would have been mad. I never tried to escape from immigration and was not sure why I was shackled.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. **I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to the National Immigration Justice Center (NIJC).**

(b)(6)

Signature

5/2/14

Date

I, (b)(6) hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

(b)(6)

5/2/2014

Date

COMPLAINT INFORMATION

1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6)

Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director
First Last Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

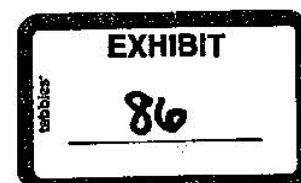
3. What happened?

(b)(6)

(b)(6) was in CBP custody for six days with her infant in a cell that was so crowded she could not sit. She saw other women asking for milk for their babies (her baby is breastfed). The officials would not provide them with milk and would yell at the women that they should not be there anyway. There were children crying from hunger. Most of the time she did not have a blanket even though she was detained with her infant child.

4. Who treated you unfairly? Customs and Border Protection

5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic
Charities
of Los Angeles, Inc.

WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/19/14

Name: (b)(6)
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)
Signature

5/19/14
Date



Department of Homeland Security (DHS)
Office for Civil Rights and Civil Liberties

Civil Rights Complaint

Fillable Version (last modified 3/15/2011)

The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This form is not intended to be used for complaints about employment with DHS. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in the form.

CRCL Mission:

The DHS Office for Civil Rights and Civil Liberties (CRCL) supports the Department as it secures the nation while preserving individual liberty, fairness, and equality under the law. We investigate claims of civil rights and civil liberties abuses, to help DHS improve protections and programs.

Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.

In connection with a DHS program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin (including language proficiency), religion, gender, or disability? (Note: do not use this form to make a complaint about employment discrimination; see www.dhs.gov/eeo.)
- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity?

Notes on Confidentiality and Anonymity:

- A) You may remain anonymous by not filling in your name, below. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
- B) Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct). Note, however, that this will in many situations make it very difficult or impossible, practically speaking, for us to investigate the allegations you raise.
- ☐ I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.
- C) Reprisal against complainants to CRCL is unlawful; if you feel you have been a victim of reprisal, CALL US. 1-866-644-8360.

EXHIBIT

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Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① **Information about the person who experienced the civil rights/civil liberties violation**
(fill in what you can)

Name: (b)(6) (b)(6)
First and Middle Last
Phone #: Cell: see attorney info below Home: Work:
Please note that we may contact you at the provided numbers.
Mailing Address: c/o National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip
Date of Birth: Email (optional): see attorney info below
Alien Registration #: (if you have one and it's available): (b)(6)

☐ Check here if you are in detention now.

Which facility? c/o ORR Custody, 4822 N Broadway, Chicago, IL 60640

Facility name

Facility address

☒ Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information (b)(6) see above)

② **Are you filling in this complaint form on behalf of another individual?** If yes, please provide your information.

Name: (b)(6) Associate Director of Litigation
First Last Job title
Organization (if any): National Immigrant Justice Center
Phone #: Cell: Home: Work: (312) 660-1308
Mailing Address: National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604
PO Box or Street address City State Zip

③ **What happened?** Describe your complaint. Give as much detail about your experience as possible.
See attached.

Continue on an additional page, if needed.

When did this happen? If ongoing, please indicate when the problem began.

(If it happened on more than one date, list all dates):

See attached.

Where did this happen?

Place (for example, name the detention facility, airport, other): _____

City: near Hidalgo _____ State or Country: Texas _____

④ Who treated you unfairly?

An employee, contractor, or officer of (check as many as apply):

- | | |
|--|---|
| <input type="checkbox"/> Citizenship and Immigration Services (USCIS) | <input type="checkbox"/> Not sure which DHS office |
| <input checked="" type="checkbox"/> Customs and Border Protection (CBP)* | <input type="checkbox"/> Non-DHS employee working under the authority of DHS (e.g., 287g officer) |
| <input type="checkbox"/> Customs Officer | specify: _____ |
| <input type="checkbox"/> Border Patrol Agent | |
| <input type="checkbox"/> Federal Emergency Management Agency (FEMA) | |
| <input type="checkbox"/> Immigration and Customs Enforcement (ICE) | |
| <input type="checkbox"/> Secret Service (USSS) | |
| <input type="checkbox"/> Transportation Security Administration (TSA)* | |
| <input type="checkbox"/> U.S. Coast Guard (USCG) | |
| <input type="checkbox"/> Other DHS program (specify) : | |

*If your complaint is about an incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (TRIP). TRIP and this Office will review your complaint together, resulting in a faster response. Go to: www.dhs.gov/trip.

⑤ List anyone else who may have seen or heard what happened.

(If you do not know their names, provide whatever details you can)

Names (or other information, e.g., agency): other unidentified witnesses _____

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Names (or other information, e.g., agency): _____

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Continue on an additional page, if needed.

- ⑥ Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?

☐ Yes: Agency/Office/Court _____ Date: _____
☒ No

If so, has anyone responded to your complaint?

☐ Yes ☐ No

If Yes, describe what has been done to respond to your complaint:

N/A

Continue on an additional page, if needed.

- ⑦ Is there any other information you want us to know about or consider?

Continue on an additional page, if needed.